

# Multi-Year Grant Budget

**U.S. Department of Housing  
and Urban Development**  
Office of Community Planning and Development

OMB Approval No.2506-0195  
(exp. 07/31/2022)

Applicant/Grantee Name:

Submission Date:

Grant:

Expense	Year 1	Year 2	Year 3	Year 4	Grant Subtotal	Leverage	Match	Other Funding	Total Years 1-4
<b>AWARD GRAND TOTAL</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

## 1. Grant Administration

a. Personnel (Direct Labor)					\$ -				\$ -
e.g. J. Doe (100 hrs. @ \$40)					\$ -				\$ -
e.g. L. Sample (2 hrs. @ \$20)					\$ -				\$ -
b. Fringe Benefits					\$ -				\$ -
c. Travel for Admin					\$ -				\$ -
d. Equipment					\$ -				\$ -
e. Supplies					\$ -				\$ -
f. Contractual/Consultants					\$ -				\$ -
e.g. R. Doe (10 hrs. @ \$45/hr)					\$ -				\$ -
g. Other (_____)					\$ -				\$ -
<i>Subtotal</i>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
h. Indirect Costs (____%)					\$ -				\$ -
<b>Total</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -

## 2. Work Plan Activity/Project: \_\_\_\_\_

a. Personnel (Direct Labor)					\$ -				\$ -
e.g. J. Doe (100 hrs. @ \$40)					\$ -				\$ -
e.g. L. Sample (2 hrs. @ \$20)					\$ -				\$ -
b. Fringe Benefits					\$ -				\$ -
c. Travel					\$ -				\$ -
d. Equipment					\$ -				\$ -
e. Supplies					\$ -				\$ -
f. Contractual/Consultants					\$ -				\$ -
e.g. R. Doe (10 hrs. @ \$45/hr)					\$ -				\$ -
g. Financial Assist. to Beneficiaries					\$ -				\$ -
h. Other (_____)					\$ -				\$ -
<i>Subtotal</i>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
i. Indirect Costs (____%)									
<b>Total</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -

## 3. Work Plan Activity/Project: \_\_\_\_\_

a. Personnel (Direct Labor)					\$ -				\$ -
e.g. J. Doe (100 hrs. @ \$40)					\$ -				\$ -
e.g. L. Sample (2 hrs. @ \$20)					\$ -				\$ -
b. Fringe Benefits					\$ -				\$ -
c. Travel					\$ -				\$ -
d. Equipment					\$ -				\$ -
e. Supplies					\$ -				\$ -
f. Contractual/Consultants					\$ -				\$ -
e.g. R. Doe (10 hrs. @ \$45/hr)					\$ -				\$ -
g. Financial Assist. to Beneficiaries					\$ -				\$ -
h. Other (_____)					\$ -				\$ -
<i>Subtotal</i>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
i. Indirect Costs (____%)									
<b>Total</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -

## Multi-Year Grant Budget (Cont.)

Expense	Year 1	Year 2	Year 3	Year 4	Grant Subtotal	Leverage	Match	Other Funding	Total Years 1-4
<b>4. Work Plan Activity/Project:</b> _____									
a. Personnel (Direct Labor)					\$ -				\$ -
e.g. J. Doe (100 hrs. @ \$40)					\$ -				\$ -
e.g. L. Sample (2 hrs. @ \$20)					\$ -				\$ -
b. Fringe Benefits					\$ -				\$ -
c. Travel					\$ -				\$ -
d. Equipment					\$ -				\$ -
e. Supplies					\$ -				\$ -
f. Contractual/Consultants					\$ -				\$ -
e.g. R. Doe (10 hrs. @ \$45/hr)					\$ -				\$ -
g. Financial Assist. to Beneficiaries					\$ -				\$ -
h. Other (_____)					\$ -				\$ -
<i>Subtotal</i>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
i. Indirect Costs (____%)									
<b>Total</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -

Public reporting burden for this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports, Management Officer, Office of Information Technology, Department of Housing and Urban Development, 451 7th Street, SW, Room 4176, Washington, DC 20410-3600.

The Rural Capacity Building for Community Development and Affordable Housing (RCB) program enhances the capacity and ability of eligible beneficiaries to carry out affordable housing and community development activities in rural areas for the benefit of low- and moderate-income families and persons. The information requested allows this agency to accurately collect budget information relevant to the RCB program structure and design. Applicants to the RCB program are required to submit certain information as part of their application for assistance, and as part of the requirements as a grantee. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. No assurances of confidentiality are provided for this information collection.

## Instructions for the HUD Multi-Year Grant Budget

### General Instructions

This form is designed for HUD's Rural Capacity Building and Section 4 programs, but may be used for any Multi-year Grant program. The budget information should show the entire cost of an applicant or grantee's proposed program of activities for the grant award. If the applicant is not using funds in any of the line item categories, it should leave the item blank (i.e., do not delete rows). A sample budget is included as a separate tab in this workbook.

Applicants/Grantees should first fill out the header section with the following information:

Applicant/Grantee Name: Enter the organizational name

Submission Date: Enter the submission date

Grant: Enter the name of the grant you are applying for, or, if you have been awarded the grant, the grant number.

### Work Plan Activity/Project Subsections

Applicants/Grantees receiving HUD grant funding must propose one or more work plan activities/projects (herein projects) for the grant award (e.g., training series, economic development initiative, financial management technical assistance project), in addition to the "Grant Administration" project. For each project, indicate a working name in the grey box. Each project includes one or more eligible activities and must have its own budget line items; each project will likely translate into a single work plan activity if awarded funding. Additional project sections can be created by copying and pasting additional rows into the spreadsheet.

### Funding Sources

Funding sources are represented by column. Projects last one to four years (i.e. a project does not have to be spread across the entire four years).

Year 1 - Year 4: Identify the amount of funds that you will need for the proposed project.

Grant Subtotal: The subtotal of "Year 1," "Year 2," "Year 3," and "Year 4" will be auto-calculated and populate in this column.

Leverage: Identify any leverage funds that you will commit to the proposed project.

Match: Identify any matching funds that you are required to include in your proposed program in order to be eligible for assistance.

Other Funding: Identify any additional funding (including other HUD, Federal, State, Local, and Tribal) not previously identified in the other columns.

Total: The subtotal of "Grant Subtotal," "Leverage," "Match," and "Other Funding" will be auto-calculated and will populate in this column.

### Budget Categories

The budget categories identify how your program funds will be allocated by type of use (e.g., funds going for salaries, travel, contracts, etc.) and overarching program activity/project by funding source.

For each project:

Line a: Enter direct personnel costs. Each staff member working on the project should be identified, together with an estimate of the number of hours to be spent on the project and the amount charged per hour. Receipt of an award does not constitute HUD approval of the proposed contractor rate.

Line b: Enter fringe benefit costs for all personnel identified in line a.

Line c: Enter travel costs.

Line d: Enter equipment costs (only items > \$5,000 depreciated value).

Line e: Enter supplies costs (only items w/depreciated Value < \$5,000)

Line f: Enter contractor and consultant costs. Each contractor or consultant working on the project should be identified, together with an estimate of the number of hours to be spent on the project and the amount charged per hour. Insert additional rows as needed. Receipt of an award does not constitute HUD approval of the proposed contractor rate.

Line g: Enter amount of direct financial assistance to beneficiaries.

Line h: Enter any other amount not identified in lines a through g. Provide additional details in the parentheses.

Line i: Indicate the approved Indirect Cost Rate (if any) and calculate the indirect cost in accordance with the terms of your approved indirect cost rate and enter the resulting amount.

The subtotal of project costs and total overall cost (inclusive of project costs and indirect costs) will be auto-calculated and populate in the respective cells. If you add additional rows, review the formulas to ensure the new rows are appropriately captured.

